Trichomonas Urethritis in Males

ECTOR Le DUC, M.D., San Diego

• *Trichomonas urethritis in the male should be suspected in all chronic cases of urethritis. The diagnosis is easily established by the hanging-drop method of examining the urethral discharge, or the first-glass urine specimen. Curative treatment is readily accomplished by the use of urethral instillations of Carbarsone suspension using 1 capsule of Carbarsone per ounce of distilled water.*

CURRENT OPINION that trichomonas urethritis in males is self-limited is in error. Urologists are plagued now and again with cases in which eradication is difficult and symptoms prolonged. That the parasites will spontaneously disappear from the urethra if the man but wear a protective sheath to avoid reinfection during coitus is untenable.

Some 11 years ago the author brought about a cure of trichomonas urethritis in a man by use of a simple method of treatment. Since then the treatment has been used by the author and by other physicians and so far as is known has been curative in all cases. About 20 years ago Carbarsone® (p-carbamino-phenylarsonic acid) was introduced for treatment of amebiasis and it was soon used in suppositories for the local treatment of vaginal infestations of trichomonas vaginalis. In 1944 the author first used a suspension of Carbarsone for treating a man who had trichomonas urethritis. A report of that case follows.

REPORT OF A CASE

The patient, a 40-year-old white man, was seen in New Guinea in 1944 with complaint of urethral discharge of 20 years' duration. He had received all of the usual treatment then in use—prostatic massage, urethral dilatation, instillation of silver compounds and irrigations with permanganate and other solutions. None of these procedures had had even temporary effect on the discharge. Upon microscopic examination of material discharged from the urethra, motile trichomonads were seen and a few of these organisms were noted in a specimen of prostatic fluid.

Urethral instillations of a solution made by adding 250 mg. of Carbarsone to one ounce of sterile distilled water were carried out. With a one-fourth ounce Asepto® syringe, the urethra was comfortably filled with the solution, care being taken to avoid undue pressure, and no attempt was made to force the fluid into the posterior urethra. For a week this treatment was given twice daily, preferably after voiding at bedtime and on arising in the morning and then once daily at bedtime for one more week. The parasites disappeared within 24 hours of the beginning of treatment and none were observed thereafter although careful reexamination of the urine and of prostatic fluid was continued for two or three weeks at regular intervals.

Submitted April 22, 1955.

From then on, all male patients observed by the author with urethritis due to trichomonas infestation were treated by that method and in all cases the discharge abated and there was no evidence of parasites on follow-up examination. Several colleagues have used the treatment and so far as is known the results were good except in one case in which chemical urethritis developed.

To prove the disappearance of the parasites, microscopic examination should be made of the centrifuged sediment from the first glass of the standard two-glass or three-glass urine test, and also of the prostatic fluid. An ordinary wet preparation of either is very satisfactory for this study. Special staining methods to demonstrate nonmotile trichomonads have not been used. The microscopic studies are done on specimens taken at each visit at three to four-day intervals. After treatment is discontinued, the visits are spaced at longer intervals until it becomes certain that there will be no recurrences. The sexual partner or partners should be examined or referred for examination and proper treatment, and proper protection to the partner under treatment should be prescribed. Often in the case of extramarital exposure it is necessary only to warn against further exposure.

Although the use of antibiotics has been the mainstay in therapy of urethritis of all varieties, a good deal of time will be wasted and needless expense incurred if antibiotic therapy is carried out in cases of unrecognized trichomonas infestations. In view of the curability of trichomonas urethritis, detailed studies of urethral exudate, regardless of the gross appearance, should be carried out in cases of "nonspecific urethritis," for the diagnosis of trichomona infestation is simple if examination is made for that parasite. Trichomonads have been found in creamy,

purulent exudate as well as in the classically described watery or mucoid discharge thought to be characteristic of the disease. A wet smear of the discharge is easily examined with low power magnification on a microscope. If the discharge is scant, a drop of normal saline solution added to the slide is useful. The prostatic fluid and the sediment from the first glass of the two-glass urine test should also be examined. These studies should be in addition to gram stain examination, cultures and sensitivity tests for other organisms. While the number of cases in which trichomonads are present is relatively small compared with other varieties of infection, the definitive response to specific treatment makes the search certainly worthwhile.

2330 First Avenue, San Diego 1.